

Name in Full		Ethel R. Biddle				CERTIFICATE OF DEATH							
Died at		Town New Henderson		County Caroline		MARYLAND							
Date of death		1909		Month Feb.		Day 28		Age 2		Months 11		Days	
Sex Female		Color or Race White		Birthplace Delaware		Occupation		Where Reading if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband		Father's Name John T. Biddle				Father's Birthplace Delaware					
Mother's Maiden Name Georgie Wheeler		Mother's Birthplace Maryland				How related to deceased Father							
Name of person giving information John T. Biddle													
CAUSES OF DEATH													
Primary		Bronchitis (Chronic)						How long 6 weeks					
Immediate		Exhaustion						How long 1 day					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician F. Selon		Address Goldsbow Ind							
Accident or Suicide													

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ortolan

Name
in
Full

Earle Billbrough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

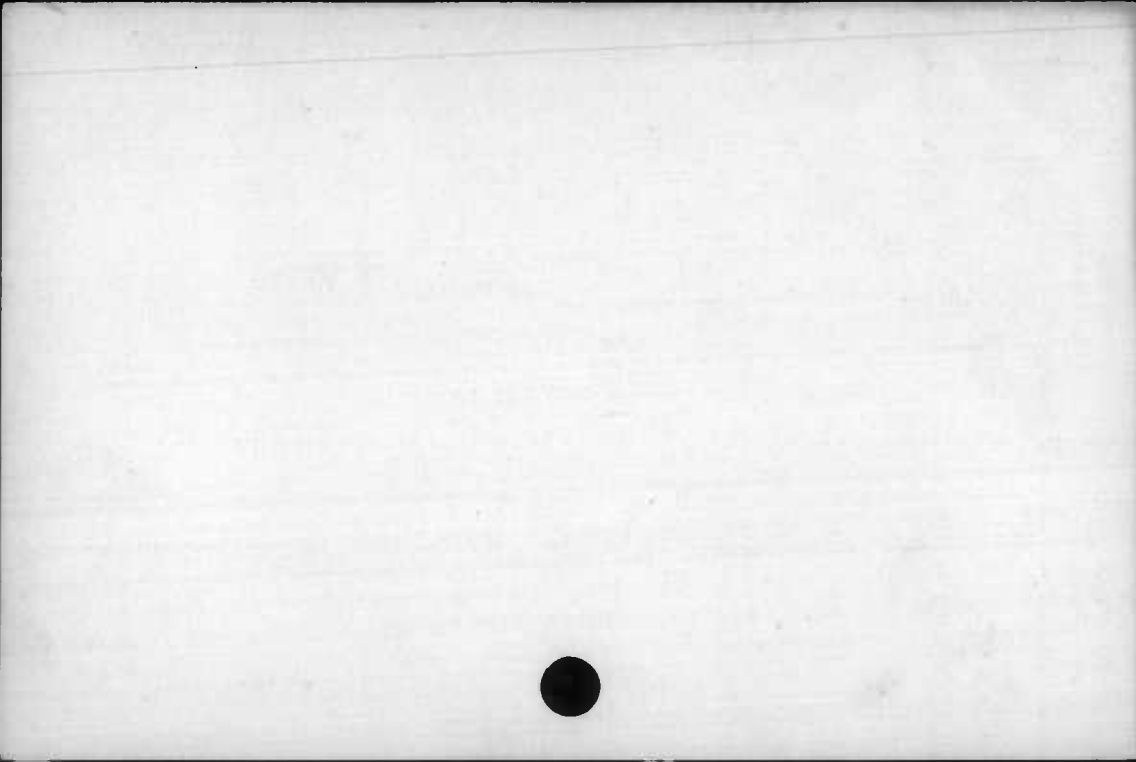
Died at <i>near Greensboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1909</i>	<i>2</i>	<i>3</i>	<i>000</i>	<i>10</i>	<i>20</i>
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>White</i>		<i>near Greensboro</i>		
Occupation			Where Residing if not at place of death		
<i>none</i>			<i>_____</i>		
Married, Single or Widowed		Name of Wife or Husband			
<i>single</i>		<i>_____</i>			
Father's Name			Father's Birthplace		
<i>Alfred Billbrough</i>			<i>Phila Pa.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Ada Bennett</i>			<i>Ind.</i>		
Name of person giving information			How related to deceased		
<i>Earle Billbrough</i>			<i>uncle -</i>		

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

Primary	<i>Profound Hemorrhage</i>	How long	<i>2 weeks</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. R. M. Moore</i>	
		Address	
		<i>Greensboro</i>	
		<i>Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

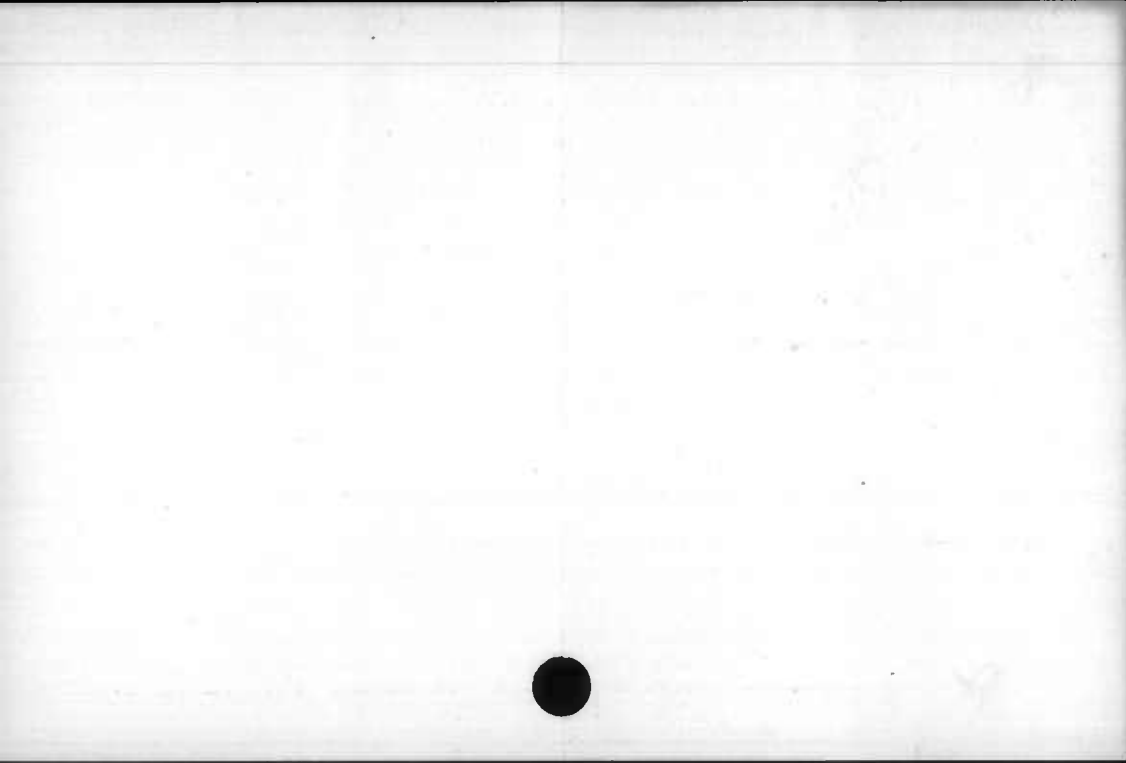
Died at		Town <i>Federalsburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death		1909	Month <i>Feb</i>	Day <i>14</i>	Age <i>63</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>md</i>			
Occupation <i>clerk</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary N Bradley</i>					
Father's Name <i>William Bradley</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Rhoda Collins</i>		Mother's Birthplace <i>md</i>					
Name of person giving In formation <i>Mary N Bradley</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
	Address <i>Federalsburg md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

Died at <i>Brown</i> Town		<i>Caroline</i> County		MARYLAND			
Date of death	1909	Month 2	Day 27	Age —	Years —	Monthe —	Days 9
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Maryland</i>				
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Albert Brown</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Selig Brown</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Margrett Warner</i>		How related to deceased <i>Grandmother</i>					

CAUSES OF DEATH

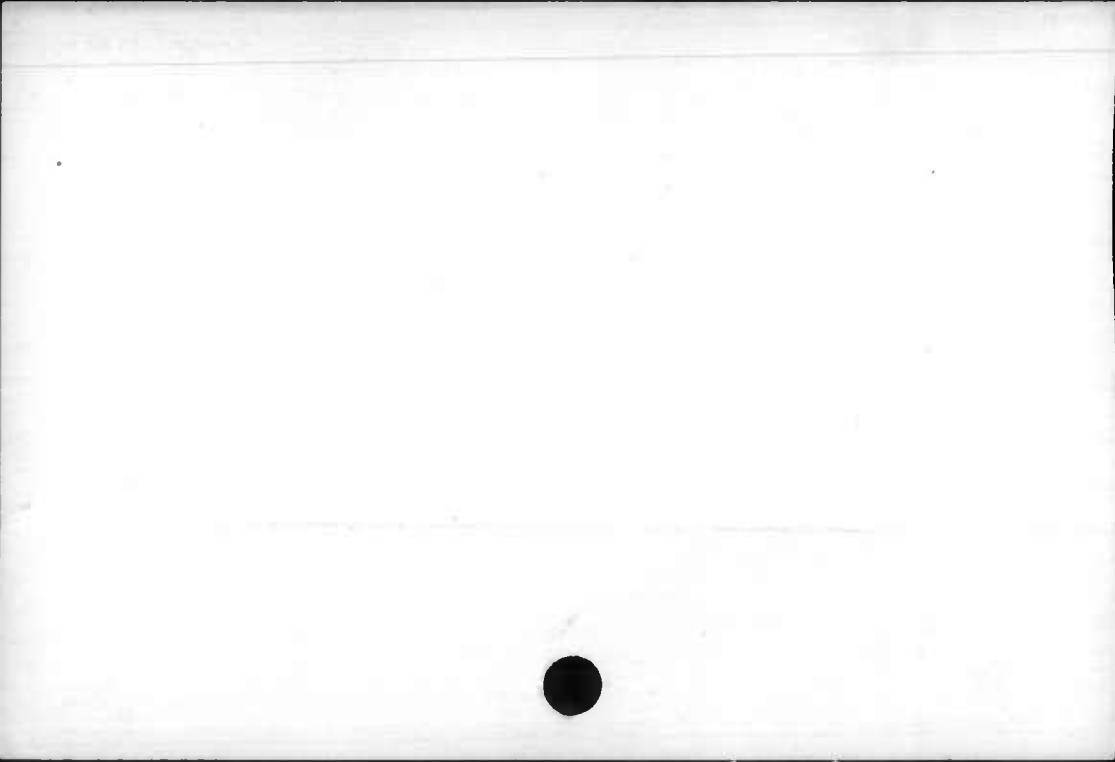
Primary <i>Thrombema</i>	How long <i>9 Days</i>
Immediate	How long

Are the name, age, sex, color, data
and place correctly given above?*yes*Signature of
Physician

Address

Wm Teleoper Coroner
Goldsboro

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

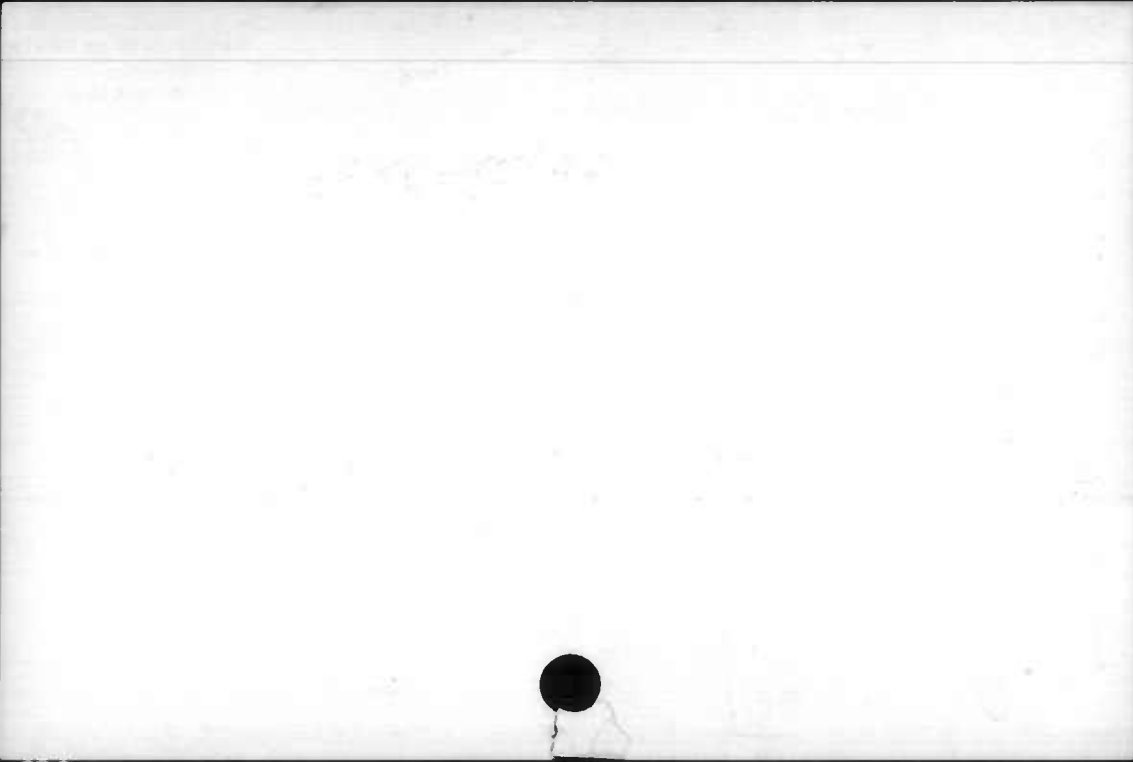
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		Town		<i>Caroline</i>		County	
Date of death <i>1909</i>		Month <i>2</i>		Day <i>19</i>		Age <i>72</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Months	
Occupation <i>Lawyer</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah H. Bryant</i>					
Father's Name <i>Joshua Bryant</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Sarah</i>		Mother's Birthplace					
Name of person giving Information <i>Mark Bryant</i>		How related to deceased <i>Son</i>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>6 months</i>
Immediate <i>Paralysis</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Nichol</i>
<i>X</i>	Address <i>Denton Ind.</i>
Accident or Suicide	



Name
in
Full

Raymond B Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Federalsburg		County		Caloline		MARYLAND	
Date of death		190	9	Feb.	28	Age	9	Months	4
Sex		Male		Color or Race		White		Birth-place	
Occupation		Infant		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Howard Christopher		Father's Birthplace		Caroline Co.			
Mother's Maiden Name		Riggie Ford		Mother's Birthplace		Dorchester Co.			
Name of person giving Information		Howard Christopher		How related to deceased		Father			

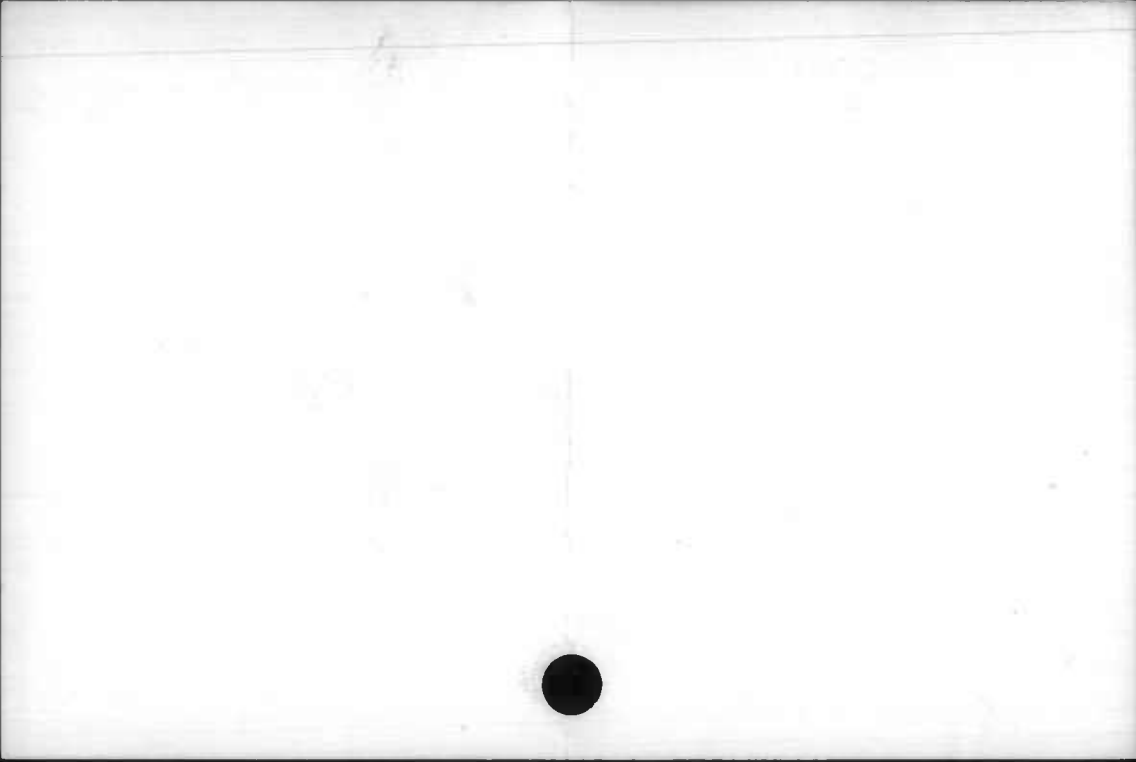
2

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Acute Milk Infection	How long	1 Week
Immediate	Acute gastro-enteritis, curable	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		F. J. Brooks	
Address		Federalsburg	
Accident or Suicide		Caroline Co. Md.	



Name
in
Full

CERTIFICATE OF DEATH

Died at *Correy* Town *Goldsburo* County *Barcline* MARYLAND

Date of death 190 *9* Month *2* Day *14* Age *—* Years *—* Months *—* Days *4*

Sex *male* Color or Race *Black* Birthplace *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Joseph Corney* Father's Birthplace *Maryland*

Mother's Maiden Name *Virgin Sparks* Mother's Birthplace *Maryland*

Name of person giving Information *Joseph Corney* How related to deceased *Father*

CAUSES OF DEATH

Primary *natural causes* How long *4 Days*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

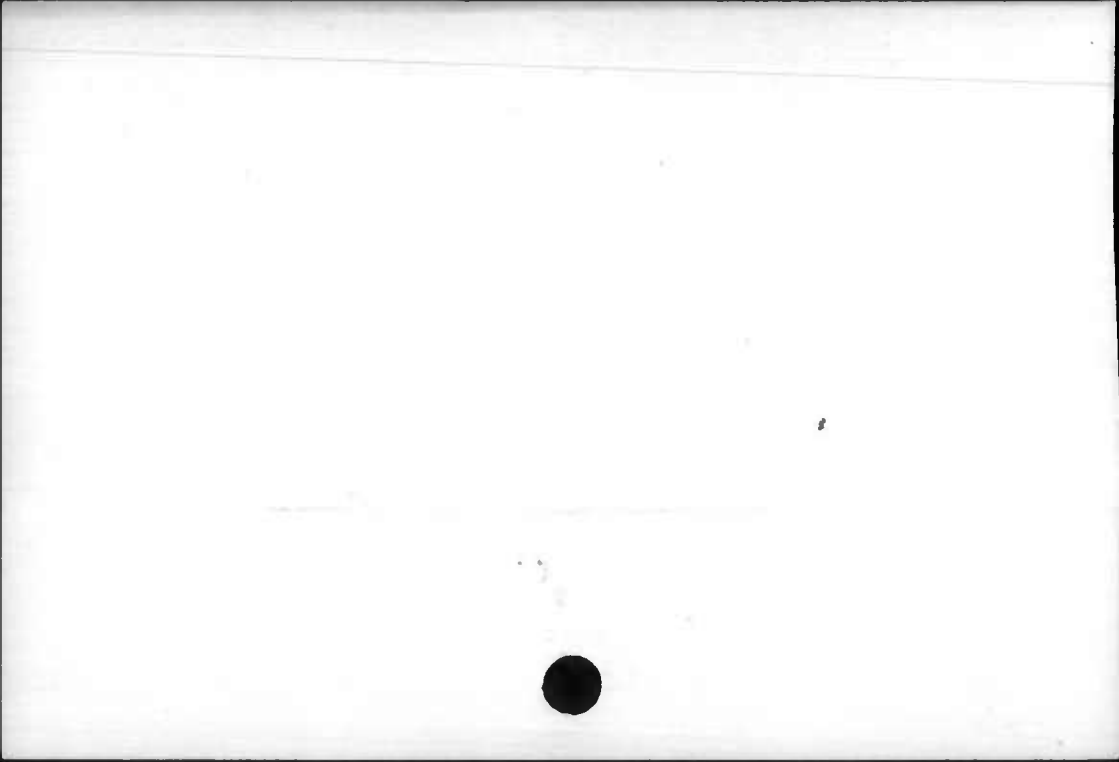
W. E. Cooper Coroner

Address

Goldsburo

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles Wilbur Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Mar Marydel* ^{County} *Caroline* **MARYLAND**
Date of death ^{Month} *1909* ^{Day} *2* ^{Years} *28* ^{Months} *5* ^{Days} *23*
Sex *Male* Color or Race *Black* Birth-place *Md.*
Occupation *—* Where Residing if not at place of death *—*

~~Married, Single~~
~~or Widowed~~

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

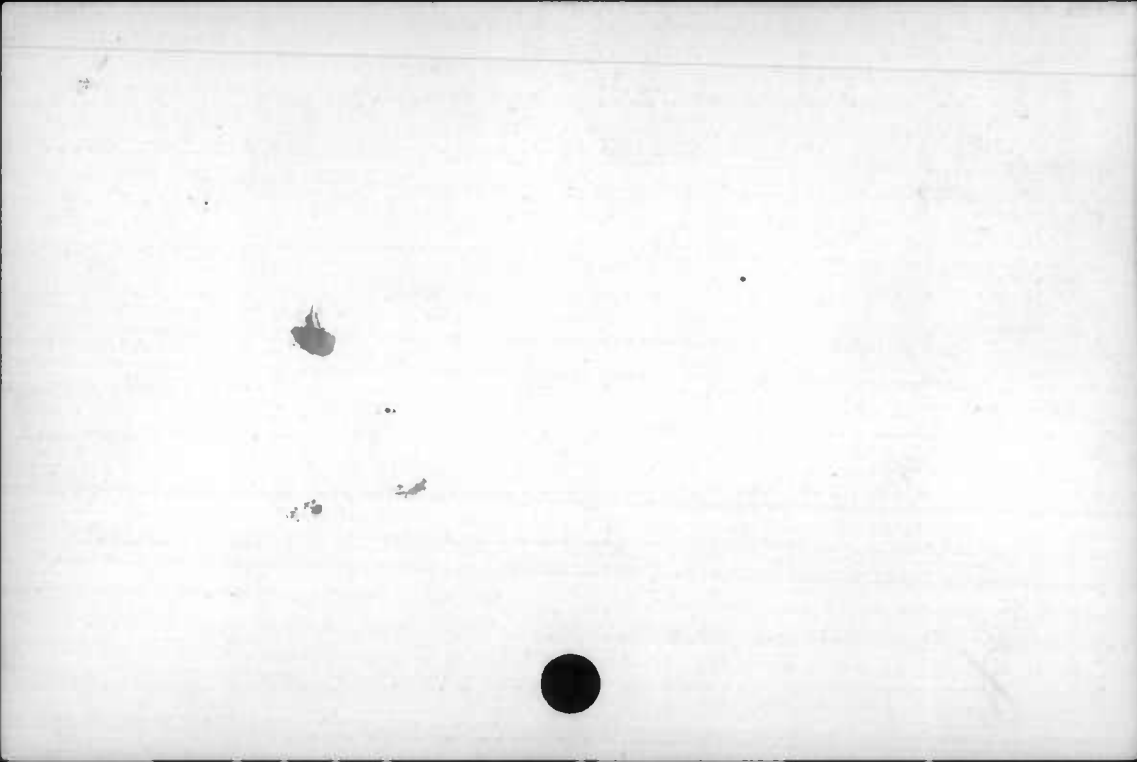
Primary

Immediate

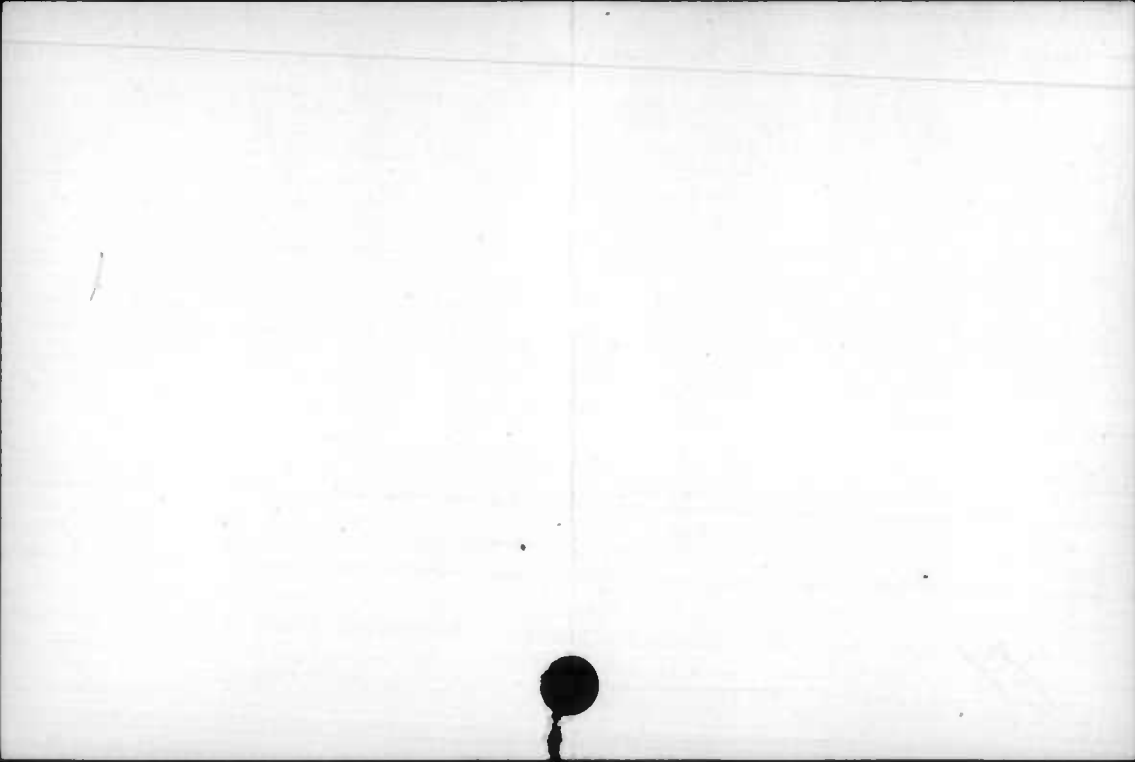
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name in Full		Lydia S Dick				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Federalburg		County		Maryland	
	Date of death	1909	Feb	15	Age	75	Months Days
	Sex	female		Color or Race	white		Birth-place
	Occupation	none		Where Residing if not at place of death			
	Married, Single or Widowed	widow		Name of Wife or Husband			
	Father's Name	John Wood				Father's Birthplace	md
	Mother's Maiden Name	Ruth Burgess				Mother's Birthplace	md
Name of person giving information	Alice Davis				How related to deceased	daughter	
f		CAUSES OF DEATH				(93)	
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	7 days
	Immediate	Heart Disease				How long	2 months
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				R Kemp Jefferson		
Address				Federalburg md			
Accident or Suicide?				no			



Name
in
Full

Rockwell Emory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death 190 <u>9</u>	Month <u>2</u>	Day <u>25</u>	Age	Months <u>4</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birthplace <u>md</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Elmer Emory</u>			Father's Birthplace <u>md.</u>		
Mother's Maiden Name <u>Rebel Rich</u>			Mother's Birthplace <u>md.</u>		
Name of person giving information <u>Geo Rich</u>			How related to deceased <u>Uncle</u>		

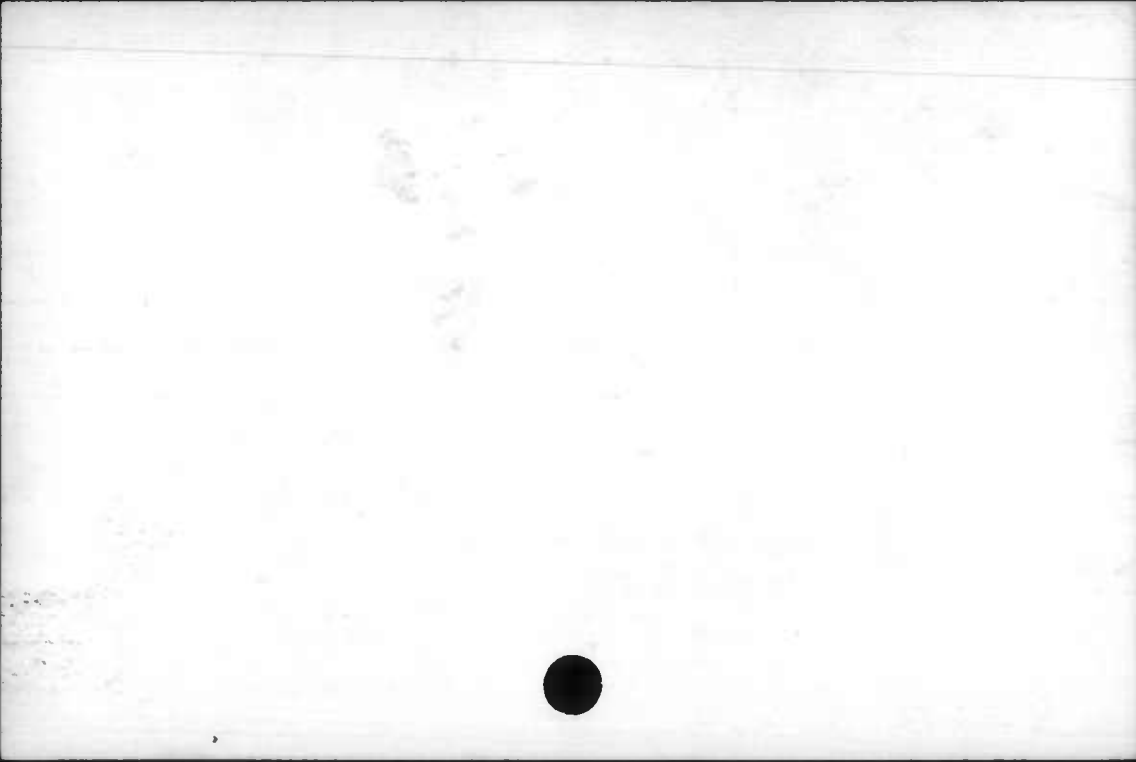
9

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Smith</u>
	Address <u>[Redacted]</u>
Accident or Suicide	



Name
in
Full

Chas. H. Fleming

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillsboro</u> ^{Town}		<u>Cavaline</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month}	<u>Feb.</u> ^{Day}	<u>20</u> ^{Years}	Age <u>76</u>	<u>-</u> ^{Months}
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Del.</u>
Occupation	<u>Retired farmer</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Frances Powell</u>		
Father's Name	<u>Nathan Fleming</u>			Father's Birthplace	<u>Delaware</u>
Mother's Maiden Name	<u>Mary Sumner</u>			Mother's Birthplace	<u>Delaware</u>
Name of person giving Information	<u>R. J. Bowen</u>			How related to deceased	<u>Son-in-law</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Probably Arterio-sclerosis.</u>	How long	<u>64</u> <u>Don't know.</u>
Immediate	<u>Apoplexy (Cerebral)</u>	How long	<u>12 minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. B. Powers, M.D.</u>
		Address	<u>Hillsboro, Me.</u>
Accident or Suicide	<u>No.</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

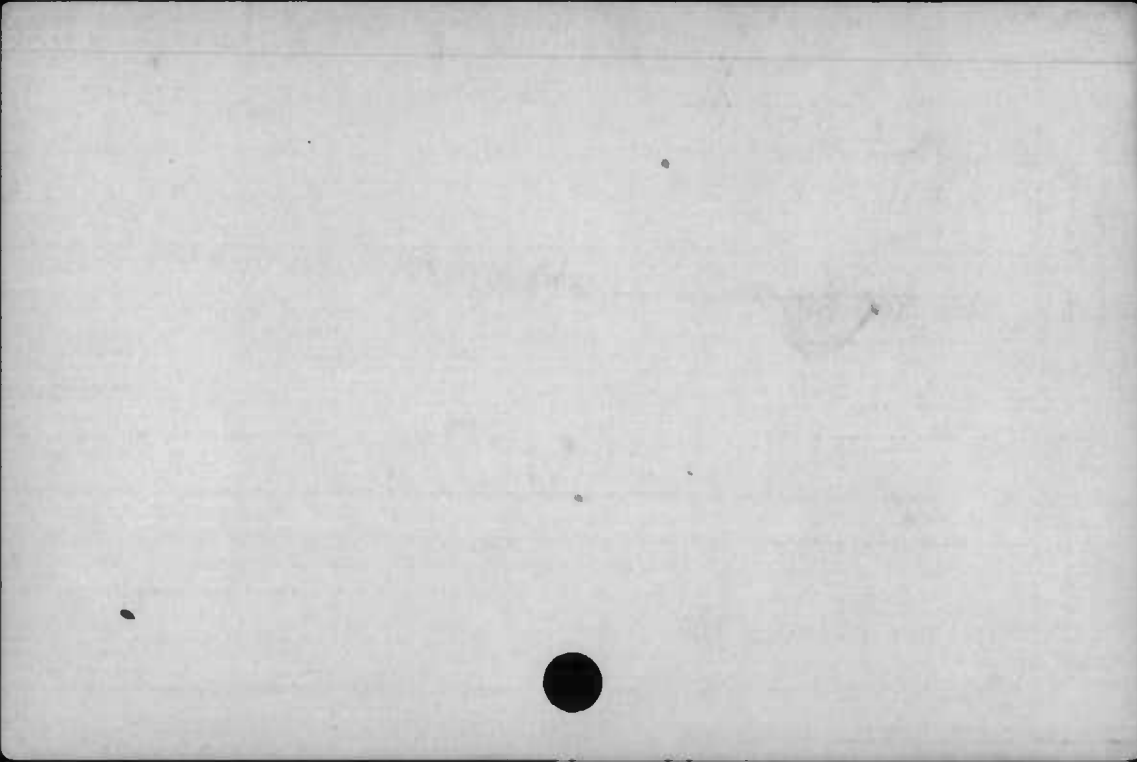
Died at <i>Near Greensboro</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>1</i>	Age	Years	Months <i>6</i>	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Greensboro</i>				
Occupation			Where Residing if not at place of death <i>Near Greensboro</i>				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>James Hackett</i>			Father's Birthplace <i> Md</i>				
Mother's Maiden Name <i>Clara Mathews</i>			Mother's Birthplace <i> Md</i>				
Name of person giving information <i>Annie Mathews</i>			How related to deceased <i>Aunt</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>One week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. Foldsbury</i>
	Address <i>Greensboro, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

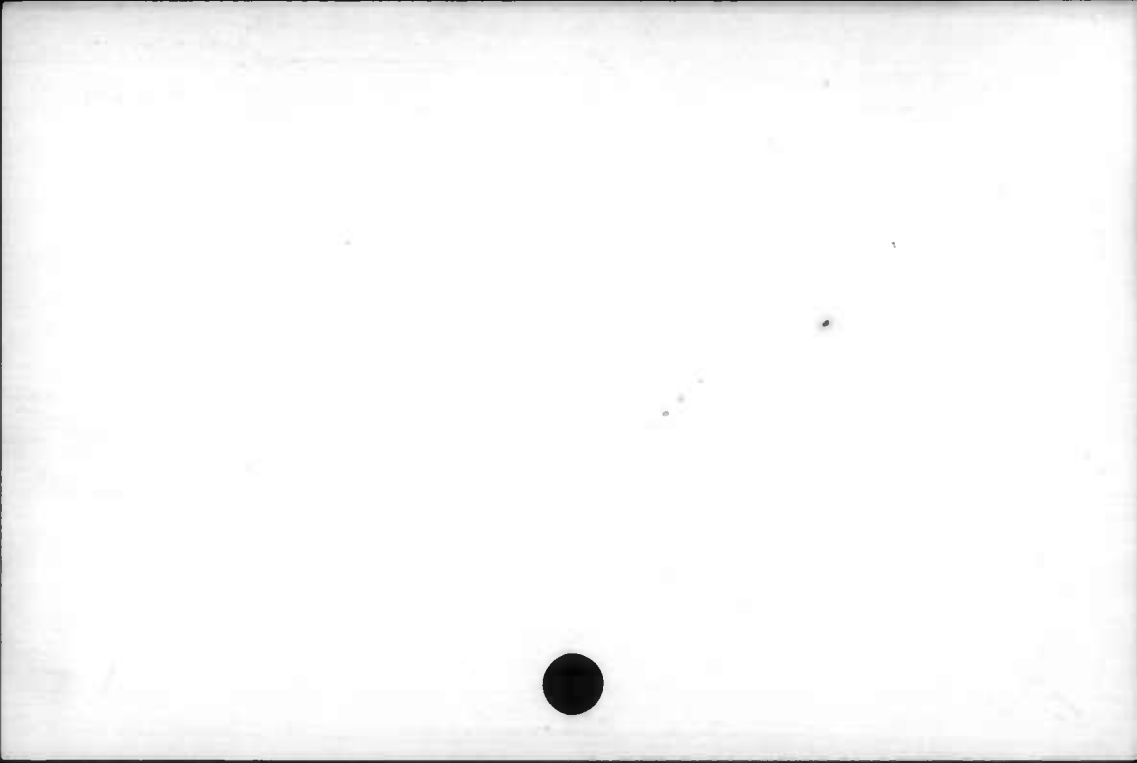
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Porton</i> ^{Town}		<i>Thomas Jones</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month}	<i>Feb</i> ^{Day}	<i>2</i> ^{Years}	<i>1</i> ^{Months}	<i>15</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Near Porton Md</i>
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed	—		Names of Wife or Husband	—	
Father's Name	<i>Donk Knott</i>			Father's Birthplace	—
Mother's Maiden Name	<i>Mary Jones</i>			Mother's Birthplace	<i>East New Market</i>
Name of person giving Information	<i>Samuel Jones</i>			How related to deceased	<i>Aunt</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cold</i>	How long	<i>2 weeks</i>
Immediate	—		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. L. Noble</i>
—	—	Address	<i>Porton Md</i>
Accident or Suicide	—		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Elizabeth Pison

Town

County

MARYLAND

Died at New London Bridge

Boardsville

Date

of death 1909

Month

Feb

Day

16

Years

Age

x

Months

4

Days

Sex

Female

Color or
Race

White

Birth-
place

Boardsville

Occupation

<

Where Residing if not
at place of death

r

Married, Single
or Widowed

<

Name of Wife or
Husband

x

Father's
Name

Isaac L. Pison

Father's
Birthplace

Del

Mother's
Maiden Name

Elizabeth Ballou

Mother's
Birthplace

Boardsville

Name of person giving
Information

Isaac L. Pison

How related
to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 days

Immediates

Exhaustion

How long

1 day

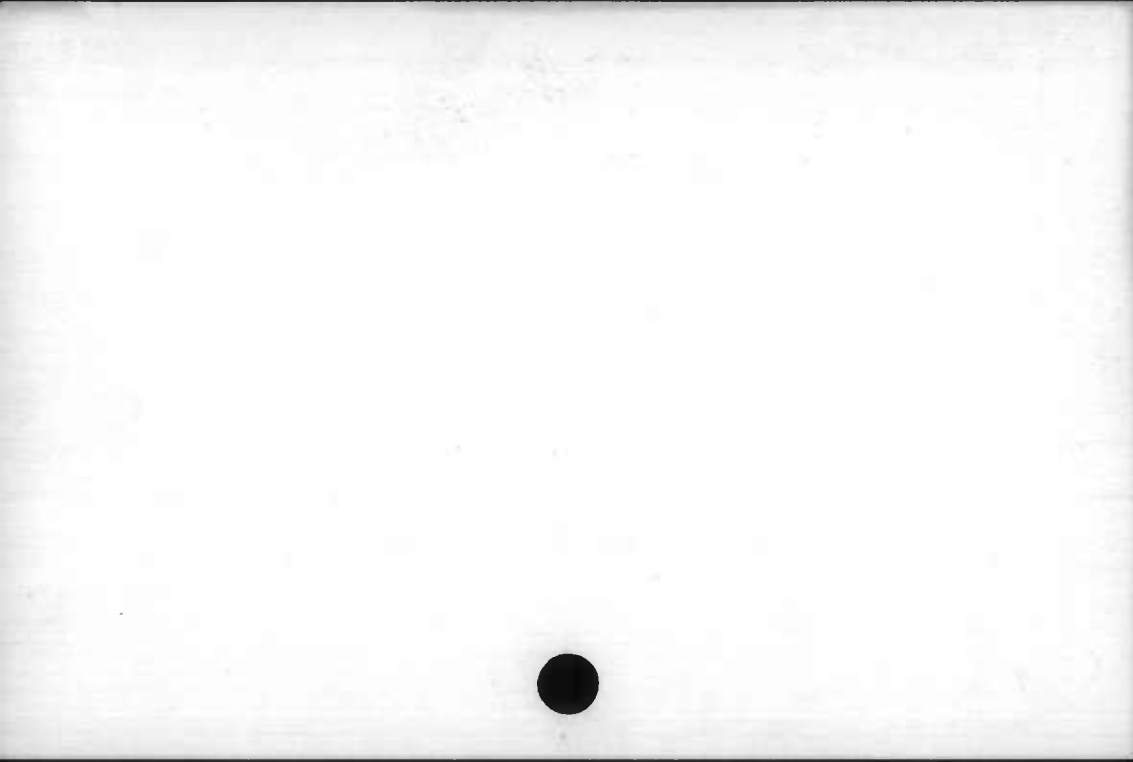
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. R. Mervin
Eustis

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

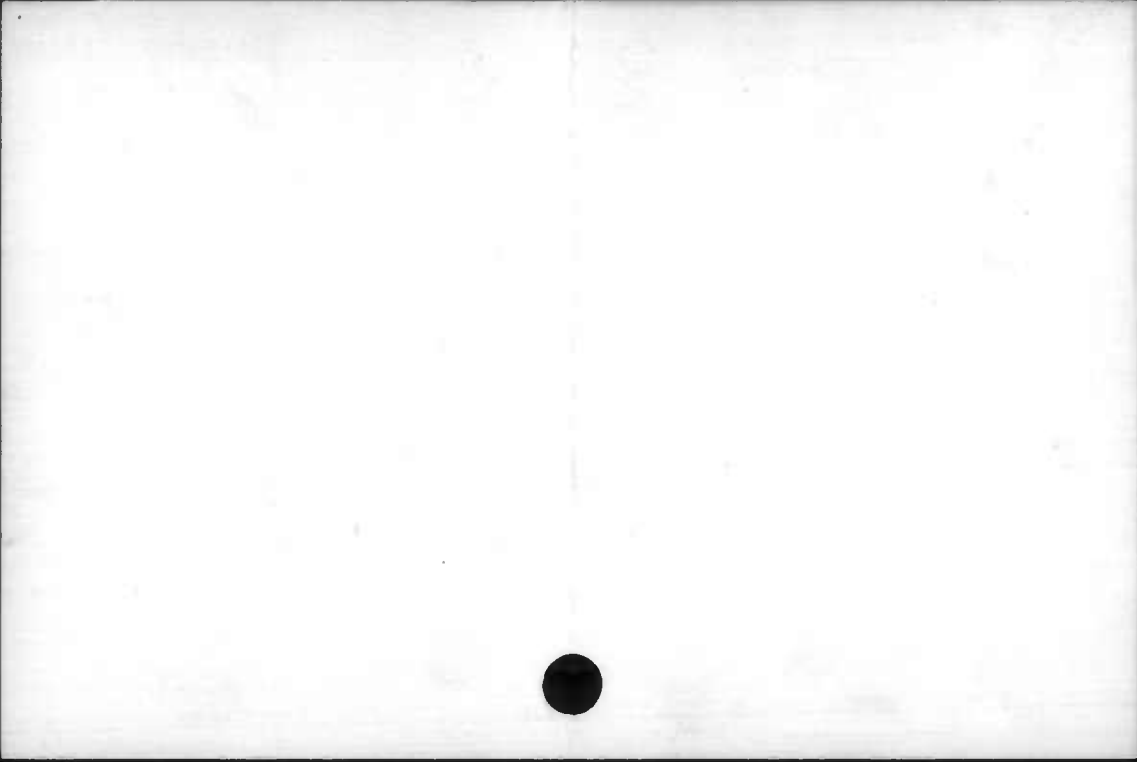
Name in Full <i>George M. Prince</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		State MARYLAND	
Died at <i>Federalburg</i>		Month <i>Feb.</i>		Day <i>28</i>		Years <i>75</i>	
Date of death <i>1909</i>		Age <i>75</i>		Months <i>5</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bradford Co. Pa.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>1</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hattie E. Duff</i>					
Father's Name <i>Geo. M. Prince</i>		Father's Birthplace <i>Bradford Co. Pa.</i>					
Mother's Maiden Name <i>E. Maline Tyrell</i>		Mother's Birthplace <i>Bradford Co. Pa.</i>					
Name of person giving Information <i>Edna Prince</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 Weeks</i>
Immediate <i>Heart failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. J. Brooks</i>
<i>X</i>	Address <i>Federalburg Caroline Co. Md.</i>
	Accident or Suicidal



Name
in
Full

Ellie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

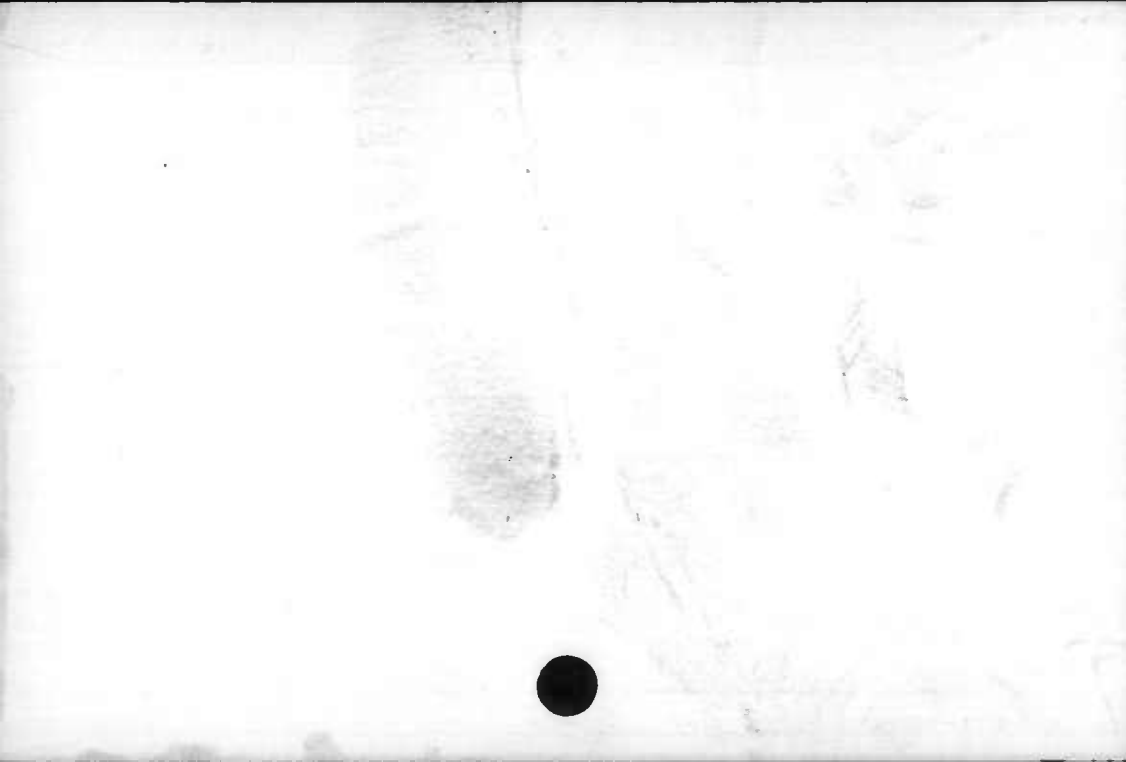
Died at		Town Dundon		County Caroline		MARYLAND						
Date of death		190	9	Month	2	Day	15	Age	16	Years	Months	Days
Sex		Female		Color or Race		Black		Birth-place		MD		
Occupation		Choir Girl		Where Residing if not at place of death		---						
Married, Single or Widowed		Single		Name of Wife or Husband		none						
Father's Name		Thos Smith		Father's Birthplace		MD						
Mother's Maiden Name		Lina Smith		Mother's Birthplace		MD						
Name of person giving Information		Sampson Sullivan		How related to deceased		none						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs	How long	6 mos
Immediate	Tuberculosis of Lungs	How long	6 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
ye		J. N. Smith	
Address		Dundon MD	
Accident or Suicide		X	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lody Sparks

Died at *Wilmington* Town *Caroline* County **MARYLAND**

Date of death 190 *9* Month *2nd* Day *23* Age *74* Months *4* Days *—*

Sex *Male* Color or Race *White* Birthplace *Del. Co.*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Sarah Sausbury*

Father's Name *Lody Sparks* Father's Birthplace *Md.*

Mother's Maiden Name *Sally (?)* Mother's Birthplace *Md.*

Name of person giving Information *Sausbury Sparks* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Arterio-sclerosis* How long *Several years*

Immediate *Pulmonary Congestion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *[Signature]*

Address *Wilmington*

Accident or Suicide *No*



Name
in
Full

William Alexander Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Greensboro</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>Feb</u> ^{Day} <u>2</u>		Age <u>5</u> ^{Years}		Months <u>5</u> Days <u>14</u>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Greensboro</u>	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Alexander Watson</u>		Father's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Alice Dora Berry</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Alexander Watson</u>		How related to deceased <u>Brother</u>			

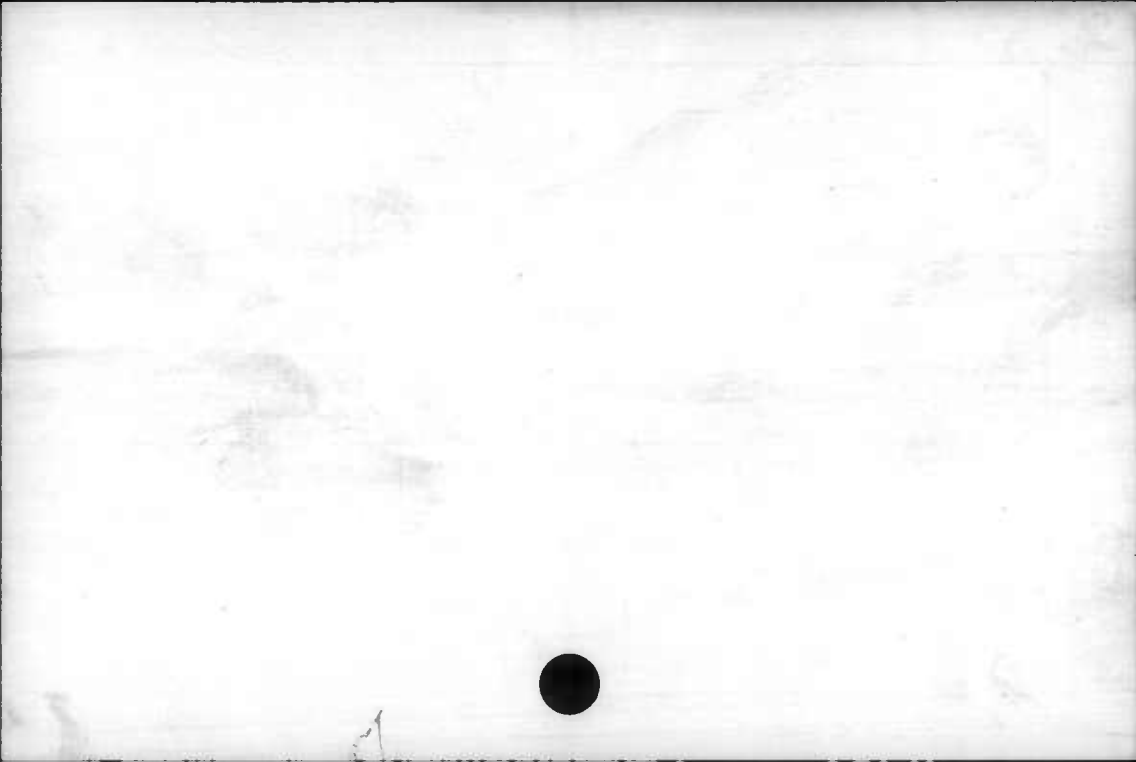
CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>31</u> ^{days}
Immediate <u>"</u>	How long _____
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>W. W. Fairbrother</u>
<u>J</u>	Address <u>Greensboro, Md.</u>

Accident or Suicida _____	_____



Name
in
Full

Theodore Brooks Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Nr. Smithville		County Caroline		MARYLAND	
Date of death		190	9	Month Feb.	1	Day	Age
Sex		Male		Color or Race		White	
Occupation		Infant.		Where Residing if not at place of death		4	
Married, Single or Widowed		Infant		Name of Wife or Husband		Birth- place	
Father's Name		Eugene E. Williams.		Father's Birthplace		Caroline Co	
Mother's Maiden Name		Gertrude Williamson		Mother's Birthplace		Friederick Co	
Name of person giving Information		Eugene E. Williams.		How related to deceased		Father	

9

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?		Yes	
Signature of Physician		F. J. Brooks	
Address		Friederickburg Md.	
Accident or Suicide			

